

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002602

AMENDED

Registration District No. 984 Primary Registration District No. 3037 Registrar's No. 10

STATE FILE NUMBER

FILED JAN 16 1962

a. COUNTY

Linnb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWNBrookfield

Length of stay in 1b

7 monthsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION425 Hunt

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

Missouri Linn

c. CITY

OR

TOWN

Brookfield

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

425 Hunt

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

WILLIAM W MARKEY

4. DATE

Month

Day

Year

OF DEATH

January 7, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/29/1872

9. AGE (last birthday)

89

IF UNDER 1 YEAR

Months 4 Days 9

IF UNDER 24 HR

Hours  Min. 

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Locomotive Engineer

10b. KIND OF BUSINESS OR INDUSTRY

steel mining & construction

11. BIRTHPLACE (City and state or country)

Hannibal, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jacob Markey

13b. MOTHER'S MAIDEN NAME

Mary Margaret Rhinehart

14. NAME OF HUSBAND OR WIFE

Adell Markey (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Besse M. Williams, Brookfield, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Heart failure, congestive

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Pulmonary infection type undiagnosed

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes ☒ No ☐ Unknown ☐19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1958

to

1962

and last saw her

alive on

1-4-62

Death occurred at

9:50

A

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

B. D. Howell

22b. ADDRESS

Brookfield Mo

22c. DATE SIGNED

1-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Jan. 9, 1962

23c. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

23d. LOCATION (City, town, or county)

Brookfield, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hill Funeral Home, Brookfield, Mo.

25. DATE RECD. BY LOCAL REG.

1-9-62

26. REGISTRAR'S SIGNATURE

Archie Watson

(Licensed Embalmer's Statement on Reverse Side)

VS JAN 17 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Brown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.